

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

| | |
|--------------------------------|----------------------|
| FORM DR-2 (Rev. 05/2002) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | 7119 |
| Indexed | SW |
| Audited | |
| Computer | 25 |

COMMITTEE NAME (Must be same as on Statement of Organization)
Shirley Gouette For Recorder

IMPORTANT: Indicate type of committee you are reporting for: ☒ 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

| | |
|--|--|
| Candidate Name <u>Shirley Gouette</u> | Political Party <u>Republican</u> |
| Office Sought <u>County Recorder</u> | District (if Senate or House) _____ |

DEC 31 2002

RECEIVED

DEC 31 2002

CLAY COUNTY AUDITOR
SPENCER, IOWA
12/31/02
DATE SIGNED

x Blandy Gouette
SIGNATURE OF TREASURER (or person filing this report)

(712) 580-8943
TELEPHONE

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Jan. 19 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 509.06

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")\$ 1600.-

Schedule F: Loans Received total (Attach Schedule F)\$ _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H)\$ _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 2109.06

ID
B) ("also see debts and loans below")\$ 2109.06

dule F)\$ _____

report, balance must\$ -0-

.....\$ _____

Schedule E)\$ _____

Schedule F)\$ _____

Attach Schedule H)\$ _____

☐ YES ☐ NO

Attn: Sue Brown

Fax: 515-281-3701

Iowa Ethics & Campaign Disclosure Board

From: Audrey Coffman

712-262-1569

Fax - 712-262-5793

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

| | |
|---|----------------------|
| SCHEDULE A (Rev. 06/97) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

2 of 6

COMMITTEE NAME (Must be same as on Statement of Organization)

Shirley Gouette, For Recorder

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YY) | PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND- RAISER INCOME |
|-----------------------------|---|---|--|--------------------|---------------------------------------|
| 11-2-02 | ID# CK# cash | Wyman Steffen 1414 C. Clark Lane Spencer IA 51301 | — | \$ 50.— | <input type="checkbox"/> |
| 10-19-02 | ID# CK# 1057 | Shirley Gouette 1009 W 4th St Spencer IA 51301 | | 1550.— | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$ 1600.—

TOTAL (if last page of this schedule)

\$ 1600.—

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

376

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| | |
|---|--------------------------|
| SCHEDULE B (Rev. 09/97) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

Shirley Goyette For Recorder

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|---|--|------------------------------------|-----------------------|
| 10-19-02 | ID# CK# 1005 | U.S. Post Office 11 E 18th St Spencer IA 51301 | Stamps for postcards | \$1150. — |
| 10-21-02 | ID# CK# 1006 | U.S. Post Office 11 E 18th St Spencer IA 51301 | Stamps for postcards | 230. — |
| 10-23-02 | ID# CK# 1007 | Daily Reporter 310 E Milwaukee St Spencer IA 51301 | Newspaper Ad | 75. — |
| 10-23-02 | ID# CK# 1008 | Daily Reporter 310 E Milwaukee Spencer IA 51301 | Newspaper Ad | 353. ⁸⁵ |
| 10-28-02 | ID# CK# 1009 | Peterson Patriot Box 126 Peterson IA 51047 | Newspaper Ad | 31. ⁵⁰ |
| 11-4-02 | ID# CK# 1010 | Everly-Royal News Box 77 Everly IA 51338 | Newspaper Ad | 32. ⁵⁰ |
| 12-10-02 | ID# CK# 1011 | State of IA 514 E Locust St Des Moines 50309 | Civil penalty assessment | 20. — |
| 12-26-02 | ID# CK# 1012 | Shirley Goyette 1009 W 41st St Spencer IA 51301 | Reimbursement close out account | 216. ²¹ |
| SUB-TOTAL | | | | \$2109. ⁰⁶ |
| TOTAL (If last page of this schedule) | | | | \$2109. ⁰⁶ |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)